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NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS
FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 9 / 008009

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee =	Total
Sm./Lg.				Sm. Entity	Lg. Entity	
Basic Filing Fee	<u>201/101</u>					<u>790</u>
Total Claims >20	<u>203/103</u>	<u>8</u>	-20 =	<u> </u>	<u> </u>	<u> </u>
Independent Claims >3	<u>202/102</u>	<u>1</u>	-3 =	<u> </u>	<u> </u>	<u> </u>
Multi. Dep Claim Present	<u>204/104</u>			<u> </u>	<u> </u>	<u> </u>
Surcharge	<u>205/105</u>			<u> </u>	<u> </u>	<u> </u>
English Translation	<u>139</u>			<u> </u>	<u> </u>	<u>130</u>
<u>TOTAL FEE CALCULATION</u>						<u>920</u>

Fees due upon filing the application:

Total Filing Fees Due = \$ 920

Less Filing Fees Submitted - \$ 0

BALANCE DUE = \$ 920

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Office of Initial Patent Examination